## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000066072

1. Entity Name

FRED THOMPSON, P.A.



Principal Place of Business

954 SOUTH ORLANDO AVENUE WINTER PARK, FL 32789 Mailing Address

954 SOUTH ORLANDO AVENUE WINTER PARK, FL 32789

## FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90429 035 \*\*\*150.00

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04272007

No Chq-P

CR2E034 (11/05)

4. FEI Number 59-3589644

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

0....0

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

THOMPSON, FRED. . . 954 S. ORLANDO AVE WINTER PARK, FL 32789

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8. The above the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registered Ag	jent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, FRED 954 S ORLANDO AVE WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME Street address City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

407-571-3650

Date

Daytme Phone #